FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION ANNUAL REPORT** 1**9**98

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

FILED May 18 1998 8:00am Secretary of State

1, Corporation	MENT# 4139/(IH. PECK INC.	6 (2)				III SISII SISII SISII PISII SISII INGI
1						
Principal Plac	ce of Business	Mailing Address			1801 BYBEL BLBUT BYBYL 8181 (888)	
1821 EMERSON STREET		1621 EMERSON STREET				
STE A		STE A				
JACKSONVILLE FL 32207 US		JACKSONVILLE FL 32207 US		DO NOT WRITE IN TH	S SPACE	
•••		•			3. Date Incorporated or Qualified 12/04/1972	
2. Principal F	Place of Business	2a, Mailing Address		12/04/1912 4. FEI Number	Applied For	
21		26		59-1429064	Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required	
City & Sta	to	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country Z _{(p}		Country		8. This corporation owes or has paid the	
24	25 29 30 • Name and Address of Current Registered Agent				Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
DC	CK, HIRON H JR	it riogistered Agent	81	Name	10. Hame and Address of New Registers	d Agent
	21 EMERSON STREET					
STE. A			82 Street Ad		ress (P.O. Box Number is Not Acceptable)	
	CKSONVILLE FL 32207		83			
			84	City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statuti	es, the above	named corp	porotion of books this statement for the	
agent. I a	i nglater ed agent, or both, in the state im fam iliar with, and accept the oblig:	of Florida, 80ch change was a ofions of, Section 607.0505 , Flo	autnorized by orida Statutes	the corpora	tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE						
	Signature typesfor printed name of registered age OF LICERS AND			nt signature requi	red when reinstaling) DATE	
TITLE	PSDT	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
NAME	PECK, HIRON H JR		1.2 NAME			Cit or kings
STREET ADDRESS	1621 EMERSON STREET		1.3 STREET	ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		14 CITY- ST			
TITLE	PSTD	DELETE	2 1 TITLE			Change Addition
NAME	PE CK, HIRON H JR		2 2 NAME			
STREET ADDRESS	1621 EMERSON STREET		23 STREET	ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		2.4 CITY-S	T - ZIF		
TITLE	BALFO THANKS IN A	☐ DELETE	3.1 TITLE			Change Addition
NAME	BALES, TIMOTHY C.		3.2 NAME			
STREET ADDRESS	1621 EMERSON STREET		3.3 STREET	ADDRESS		
CITY-ST-ZIP TITLE	JACKSONVILLE FL 32207	DELETE	3.4. CHY- \$	1 - ZIP		
NAME	PECK, LINDA DIANN	☐ DECE IE	4.1 TITLE			☐ Change ☐ Addition
STREET ADDRESS	1621 EMERSON STREET		4. 2 NAME 4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32207					
TITLE		DELETE	4.4 CITY-ST 5.1 THLE	- 2117		Change Addition
NAME			5.2 NAME			Cuango Ruomon
STREET ADDRESS	_ 1		5.3 STREET	ADORESS		
CITY-ST-ZIP			5.4 CITY - S1			
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			63 STREET /	ADDRESS		
CITY-ST-ZIP			6.4 CHY-S1	· ZIP		
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Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name eppears in Block 12 or Block 13 if changed, or on an attachment with an address